

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029820

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 4522 Registrar's No. 138

STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harwood		c. CITY OR TOWN Harwood	
Length of stay in 1b 10 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If outside, give location) General Delivery	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle L. Last RIDER		4. DATE OF DEATH Month July Day 15 Year 1962	
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-28-1897
9. AGE (last birthday) 65		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Liberty, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Rider		13b. MOTHER'S MAIDEN NAME Mattie Susan Marcy	
14. NAME OF HUSBAND OR WIFE Mrs. Edith M. Rider		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Edith M. Rider, Harwood, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disease of coronary arteries with probable cardiac standstill or ventricular fibrillation. DUE TO (b) Arteriosclerosis of coronary arteries DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH See. yes.	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 16, 1961 to July 15, 1962 and last saw him alive on July 13, 1962 . Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) Elmer Braxton Davis, M.D.	
22b. ADDRESS Nevada, Mo.		22c. DATE SIGNED 7-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 17, 1962	23c. NAME OF CEMETERY OR CREMATORY Harwood Cemetery	23d. LOCATION (City, town, or county) (State) Harwood, Missouri
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 7-24-1962	
26. REGISTRAR'S SIGNATURE Anna G. Ferry			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1962

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Angles Ferry

Licensed Embalmer No. 4968

P. O. Address Memphis, Tennessee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.